11985

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

## CERTIFICATE OF DEATH

Reg. Dist. No. 110

**1. PLACE OF DEATH:**

County Dorchester

City or town Seaford, Delaware - Rural
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Near Cokesbury, Maryland

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Seaford, Del. - Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Cokesbury, Md.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Oliver S. Allen

**3. (b) Social Security Number** None

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Married |

6 (b) Name of husband or wife Lula B. Allen

6(c) If alive, give age 49 years

7. Birth date of deceased (mo., day, yr.) January 29, 1889

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 50 | 11 | 1 | hrs. min. |

9. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Own Farm

FATHER
12. Name No data
13. Birthplace

MOTHER
14. Maiden name Mary E. Graham
15. Birthplace Dorchester County, Md.

16. Informant Mrs. Lula B. Allen

Address Seaford, Delaware, R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 2, 1940 (month) (day) (year)

Cemetery or crematory Cokesbury Cemetery

Location Near Reliance, Md.

18. Funeral director J. J. Frampton & Son

Address Federalsburg, Maryland

19. Jan 2 1940 Chas W Hastings
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH December 30 1939, at 2:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1929, to Dec 30 1939, and that I last saw him alive on Dec 30 1939.

Immediate cause of death Acute Nephritis — DURATION 21 day

Diabetes Mellitus — 10 yr.

Due to (had a spontaneous amputation of [illegible] in 1933 due to Diabetic Ulcer of Pleura)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Krotts M. D. or other

Address Federalsburg Date signed 1/1/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (946)

11986

## CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester WITHIN CORPORATE LIMITS OF
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Building project, Race st.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME Yola Booze

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Anna Insley
6(c) If alive, give age: 35 years (36)
7. Birth date of deceased (mo., day, yr.): 2/18/1883
8. AGE: Years: 56 Months: 10 Days: 14 If less than one day: hrs. min.
9. Birthplace: Lakeville Md. (Town, county, and state)
10. Usual occupation: Carpenter
11. Industry or business: Contracting
FATHER 12. Name: Robert O. Booze
13. Birthplace: Lakeville
MOTHER 14. Maiden name: Annie Mills
15. Birthplace: Town Point, Md.
16. Informant: Mrs Annie O. Booze
Address: Cambridge, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/24/39 (month) (day) (year)
Cemetery or crematory: Dorchester Mem. Park
Location: Cambridge, Md.
18. Funeral director: Granville L. Caulk
Address: Cambridge, Md.
19. 12/22/1939 (Date rec'd by registrar) John Moore Jr Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH 12/22 1939, at 8 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/22/39 to 12/22/39, and that I last saw him alive on 12/21/39

| | DURATION |
|---|---|
| Immediate cause of death: Coronary thrombosis | 1 day |
| Due to | |
| Due to | |
| Other conditions: acute Bronchitis | 5 days |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John Moore Jr M.D.
M. D. or other
Address Cambridge Md. Date signed 12/22/39

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (117E)

## CERTIFICATE OF DEATH

11987

Reg. Dist. No. 11

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Worchester
City or town East New Market
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) all Life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Edward A. Bramble

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | single |

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct 15th 1874

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 65 | 2 | | hrs. min. |

9. Birthplace Md (Town, county, and state)
10. Usual occupation merchant.
11. Industry or business

FATHER
12. Name Joseph H. Bramble
13. Birthplace Md

MOTHER
14. Maiden name Eliza Smoot
15. Birthplace Md

16. Informant Archie Bramble
Address East New Market

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 26 1939 (month) (day) (year)
Cemetery or crematory East New Market
Location same

18. Funeral director H. H. Willoughby
Address East New Market,

19. Dec 26 1939 H E Parker
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1939, at 1-30 pm

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 2 1939, to Dec 24 1939, and that I last saw him alive on Dec 24 1939

Immediate cause of death — DURATION

Coronary Thrombosis — 10 min.
Due to Hypertension & Myocardial 5 yrs.
Due to
Other conditions Bleeding Duodenal 3 wks.
ulcer.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Frank M. Anderson M. D. or other
Address Federalsburg Md. Date signed 12/27/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93c)

11988

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County Dorchester

City or town Harisville Road (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Woolford, Md

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

**2. USUAL RESIDENCE (HOME) OF DECEASED:** (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Woolford Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. Harrisville road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Mary E Brown

**3. (b) Social Security Number**

4. Sex: female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife: John A Brown

B(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.): July 4, 1852

8. AGE: Years 87 Months 5 Days 4 If less than one day ___ hrs. ___ min.

9. Birthplace: Dorchester Co (Town, county, and state)

10. Usual occupation: house work

11. Industry or business: —

FATHER 12. Name: Jobe Ennals

13. Birthplace: Dorchester

MOTHER 14. Maiden name: Harriett v Kane

15. Birthplace: Dorchester Co

16. Informant: Mary J Saunders

Address: Harrisville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31/39 (month) (day) (year)

Cemetery or crematory: Cemetery

Location: Madison Md

18. Funeral director: Lewis H Baynum

Address: Cambridge Md

19. 12-31 1939 (Date rec'd by registrar) John Mace Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 29 1939, at 6 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1937, to Dec 29 1939, and that I last saw her alive on Oct 1 1939.

Immediate cause of death: Chronic Myocarditis — DURATION 2 yrs

Due to: Hypertension — 2 yrs

Due to: Arteriosclerosis — 2 yrs

Other conditions: —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver M. D. M. D. or other

Address Cambridge Md Date signed Dec 30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUN 4 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11989

**1. PLACE OF DEATH**

County Dorchester Co. Registration Dist. No. 116

Village or City Cambridge R.F.D. No. 7 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Baby Davis If U. S. Veteran, specify WAR None

(a) Residence: No. Cambridge R.F.D. No. 7 St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of None

6. DATE OF BIRTH (month, day, and year) Dec 25/39

7. AGE Years None Months None Days Day 5 month Fortune If LESS than 1 day hrs. min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) None

1f. Total time (years) spent in this occupation None

12. BIRTHPLACE (city or town) Cambridge R.F.D. No. 7 (State or country) Dorchester Co. Md.

FATHER

f3. NAME Frank Mollock

f4. BIRTHPLACE (city or town) Dorchester Co. (State or country) Md.

MOTHER

f5. MAIDEN NAME Emma Davis

f6. BIRTHPLACE (city or town) Cambridge R.F.D. No. 7 (State or country) Dorchester Co. Md.

f7. INFORMANT Mother of Emma (Address) Davis Cambridge R.F.D. No. 7 Md.

f8. BURIAL, CREMATION, OR REMOVAL Place Avery - Cambridge R.F.D. #2 Date Dec. 26, 1939

19. UNDERTAKER Edgar Davis (g-father) (Address) Cambridge R.F.D. #2

20. FILED 12-26, 1939 John Mace Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Dec 24th 1939 (Month) (Day) (Year)

Born Dead as 5 month Fortune

22. I HEREBY CERTIFY, That I attended deceased from Fixed Remains of Abode to 19 I last saw the deceased alive on Dec 25/39, 19 , death is said to have occurred on the date stated above, at 10.30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature | |
| Birth | |

Other Contributory Causes of importance: None

Name of operation None Date of Operation None

What test confirmed diagnosis? None Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, f9

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Thos. L. Coff M. D.

(Address) Cambridge, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11990

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Cambridge No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurrad 58 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Carrie Elliott If U. S. Veteran, specify WAR

(a) Residence: No. x Cross St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| female | colored | married |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Rious Elliott

6. DATE OF BIRTH (month, day, and year) May 14 1877 ~~1861~~

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 62 ~~54~~ | 7 | 9 | |

OCCUPATION

8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceasad last worked at this occupation (month and year) 1936

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Dorchester Co Md (State or country)

FATHER

13. NAME John Henson

14. BIRTHPLACE (city or town) Beckwith Md (State or country) Dorchester Co Md

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Rious Elliott (Address) Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL Cambridge

Place Bethel Cem. Data Dec. 29, 1939

19. UNDERTAKER Lewis W. Dangerfield (Address) Cambridge, Md.

20. FILED 12-29, 1939 John Meade Jr. Registrar

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** December (Month) 23 (Day), 1939 (Yaar)

22. I HEREBY CERTIFY, That I attended daceasad from December 22, 1939, to December 23, 1939

I last saw h[illegible] alive on December 22, 1939; death is said to have occurred on the data stated abova, at 7:00 p.m.

The PRINCIPAL CAUSE OF DEATH and relatad causes of importance were as follows:

| | Date of onset |
|---|---|
| Chr. Myocarditis | 1936 |
| Dubropsy Edema | 12-22-39 |
| Acute Nephritis | 1939 |
| Ulcus both fut | 1939 |

Other Contributory Causes of importance:

Name of operation none Date of

What test confirmad diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Mannar of injury

Nature of injury

24. Was disaase or injury in any way ralated to occupation of deceasad? no

If so, specify

(Signad) Carroll M. St Clair M. D.

(Address) Cambridge Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1928* |
| | |
| | |

RECEIVED JAN 4 1940 BUREAU V. S.

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Cystroscopic examination & Change age see letter filed under St. Clair in permanent file. 2/5/40.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11991

## CERTIFICATE OF DEATH

(46C)

Reg. Dist. No. 116

PRINT IN WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Church Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: None

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 7 yrs. - 8 months

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: County:

City or town: Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

**3. (a) FULL NAME:** John Curtis Foster

**3. (b) Social Security Number:** None

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | married |

6 (b) Name of husband or wife: Marie Foster

6(c) If alive, give age: 43 years

7. Birth date of deceased (mo., day, yr.): July 14, 1879

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 60 | 4 | 17 | hrs. min. |

9. Birthplace: Federalsburg, Md. (Town, county, and state)

10. Usual occupation: Sawyer

11. Industry or business: saw mill business

FATHER

12. Name: John Foster.

13. Birthplace: Pa.

MOTHER

14. Maiden name: unknown

15. Birthplace: "

16. Informant: Mrs. Marie Foster

Address: Church Creek, Md.

17. Burial (Burial, ~~cremation, or removal~~. Which?) Date thereof: Dec. 4, 1939 (month) (day) (year)

Cemetery or crematory: Hillcrest Cemetery

Location: Federalsburg, Md.

18. Funeral director: C. W. Adams

Address: Federalsburg, Md.

19. Dec. 2nd 1939 (Date rec'd by registrar) John Meaco Jr. Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Dec 1, 1939, at 9P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 20 1937 to July 8 1939

and that I last saw him alive on July 8 1939

Immediate cause of death: Carcinomas of the Sigmoid — DURATION: 2 yrs +

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: Carcinoma of the Sigmoid Apr 5, 1939

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John F. Schneider M.D. M. D. or other

Address: Cambridge, Md. Date signed: Dec 2, 1939

RECEIVED
JAN 4 1946
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (123)

# CERTIFICATE OF DEATH

11992

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge - maryland Hosp.
Stay in hospital or inst. (yrs., or mos., or days) 12 days
Stay in this community (yrs., or mos., or days) Life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Hurlock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Hattie Halliday

**3. (b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | colored | married |

6 (b) Name of husband or wife Philip Halliday
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 23 - 1910

8. AGE: Years 29 | Months 4 | Days 16 | If less than one day ____ hrs. ____ min.

9. Birthplace maryland (Town, county, and state)

10. Usual occupation Servide

11. Industry or business

FATHER
12. Name L. Jones
13. Birthplace md

MOTHER
14. Maiden name Addie Cephas
15. Birthplace md

16. Informant Hospital Records
Address Cambridge, md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-11-39 (month) (day) (year)

Cemetery or crematory
Location Federalsburg, md.

18. Funeral director J. J. Frampton and Son
Address Federalsburg Md.

19. 12-10 (Date rec'd by registrar) 1939 John Meade Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1939, at 5:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 27 1939 to Dec. 9 1939 and that I last saw h-- alive on Dec. 9 1939

Immediate cause of death Acute hepatitis with toxemia
Probably metastatic
Due to Inflammatory process of rectum with stricture
Due to ? - Frei test negative for lymphopathia venereum
Other conditions

DURATION
Dec 1, 1939

(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy - of rectum - inflammatory lesion - no etiological diag. made
Of autopsy none

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide no Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wylie M. Farr M. D. or other
Address Cambridge md Date signed Dec. 9, 1939

RECEIVED
JAN 4 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

11993

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 111

Village or City Secretary No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

**2. FULL NAME** Jefferson D Henry If U. S. Veteran, specify WAR

(a) Residence: No. Same St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| male | white | married |

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary E. Henry

6. DATE OF BIRTH (month, day, and year): Aug 17 1861

| 7. AGE — Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 78 | 4 | — | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Joseph Henry

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Mary E. Edmonson

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT (Address): Mrs Jefferson Henry Secretary Md

18. BURIAL, CREMATION, OR REMOVAL — Place: East New Market Date: Dec 21, 1939

19. UNDERTAKER (Address): H. H. Willoughby East New Market

20. FILED Dec 21, 1939. H. E. Parker Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** 12 (Month) 19 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12/19, 19 39, to 12/19, 19 39

I last saw h~~im~~ alive on 12/19, 1939; death is said to have occurred on the date stated above, at 6 15a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Apoplexy | |
| | |
| | |
| | |
| | |
| Other Contributory Causes of Importance: | |
| | |
| | |
| | |

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G Roger Myers M. D.

(Address) Hurlock Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157-C)

## CERTIFICATE OF DEATH

11994

Reg. Dist. No. 112

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Vienna

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hurley's Neck Road

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 1 mo

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Vienna Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Hurley's Neck Road

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Emily Alameda Hoffman

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | single |

8 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 2 - 1939

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| # | 1 | 11 | ____ hrs. ____ min. |

9. Birthplace: Cambridge — Maryland (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name: Wilbert Hoffman

13. Birthplace: Md

MOTHER 14. Maiden name: Emma L. Dirkam

15. Birthplace: Md

16. Informant: Wilbert Hoffman

Address: Vienna — Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 16 - 39 (month) (day) (year)

Cemetery or crematory: E. New Market.

Location: E. New Market.

18. Funeral director: H. H. Hillaway & Son

Address: E. New Market.

19. Dec 16 1939 (Date rec'd by registrar) Elizabeth W. Graff Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 13 1939, at 5 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 2 1939, to Dec 13 1939, and that I last saw h alive on Dec 13 1939.

| Immediate cause of death | DURATION |
|---|---|
| Cyanosis Neonatorum | since birth |
| Due to Improper closure of Foramen Ovale | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: X

Of autopsy: X

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Jos. K. Shriver M. D. or other

Address: Cambridge Md Date signed Dec 14/39

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JAN 5 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (48)

## CERTIFICATE OF DEATH

11995

Reg. Dist. No. 116

**1. PLACE OF DEATH:**
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 240 Pine St.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) lifetime.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 240 Pine
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** Amelia Hueston

**3. (b) Social Security Number**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| female | C | widow. |

6 (b) Name of husband or wife D.B. Hueston.
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years about 56 | Months | Days | If less than one day — hrs. — min.

9. Birthplace Dorchester Co Md.
(Town, county, and state)

10. Usual occupation Dressmaker

11. Industry or business —

FATHER
12. Name Alexanda Hughes.
13. Birthplace Dorchester Co. Md.

MOTHER
14. Maiden name Hester Johnson
15. Birthplace Dorchester Co. Md.

16. Informant Elizebeth Brannock.
Address 224 Cedar St. Camb. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-10-39 (month) (day) (year)
Cemetery or crematory Oldfield
Location Old Field Md.

18. Funeral director Sellers & Henry
Address 222 Cedar St. Camb. Md.

19. Dec. 8 1939 (Date rec'd by registrar) John Meece Jr. Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH 12-7 1939, at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11-29 1939, to 12-7 1939 and that I last saw h— alive on 12-6 1939

| Immediate cause of death | Pneumonia Lobar | DURATION about 10 days |
|---|---|---|
| Due to | | |
| Due to | | |
| Other conditions | Malignant Uterus | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE J.S. Boyer M.D.
M. D. or other
Address 222 Race St. Cambridge Md. Date signed 12-7-39

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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DEC 20 1939
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

## CERTIFICATE OF DEATH

11996

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Dorchester (WITHIN CORPORATE LIMITS OF)

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 233 Pine Street

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 31 years.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 233 Pine St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** Stillborn Jones

**3. (b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| female | colored | Single |

6 (b) Name of husband or wife none

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) December 2nd 1939

**8. AGE:** Years: Stillborn | Months | Days | If less than one day: hrs. min.

9. Birthplace Cambridge, Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Randolph Jones,

FATHER 13. Birthplace Cambridge, Md.

MOTHER 14. Maiden name Margaret Saunders

MOTHER 15. Birthplace Cambridge, Md

18. Informant Margaret Jones,

Address 233 Pine St. Camb. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 5-1939 (month) (day) (year)

Cemetery or crematory Bethel Cemetery

Location Cambridge, Maryland

18. Funeral director Lewis H. Saunders

Address Cambridge, Md.

19. Dec. 5th (Date rec'd by registrar) 1939 John Meade Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 2nd 1939, at 9:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19 to 19, and that I last saw h alive on Not at all 19.

| Immediate cause of death | DURATION |
|---|---|
| Stillborn | |
| Concussion. | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE John Meade Jr. M.D. M. D. or other

Address Cambridge Md Date signed 12/3/39

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

11997

# CERTIFICATE OF DEATH

(93C)

Reg. Dist. No. 116

**1. PLACE OF DEATH:**
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 2 Hubbard St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Md County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 2 Hubbard St
(If rural give LOCATION)
2(a) IF YETERAN, NAME WAR

**3. (a) FULL NAME** James David Johnson

**3. (b) Social Security Number**

4. Sex: male
5. Color or race: colored
6. (a) Single, married, widowed, or divorced: widowed

8 (b) Name of husband or wife Mahalia Johnson
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec 12 1871

**8. AGE:** Years 68 | Months x | Days 11 | If less than one day ____ hrs. ____ min.

9. Birthplace Arrys Md (Town, county, and state)
10. Usual occupation General labor
11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Arrys Md

MOTHER
14. Maiden name Henrietta (?)
15. Birthplace Arrys Md

16. Informant Thomas A Johnson
Address 177 Washington St Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-26-39 (month) (day) (year)
Cemetery or ~~crematory~~ Cemetery Bethel
Location Cambridge Md.

18. Funeral director Lewis A. Henry.
Address 222 Cedar St Cambridge Md.

19. 12-26 1939 John Mace Jr.
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 23 1939, at 2:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 24 1939, to Dec 23 1939, and that I last saw him alive on December 23 1939.

| Immediate cause of death | DURATION |
|---|---|
| Chr. Myocarditis | 1939 |
| Scrotal Hernia | 1930 |
| ~~Due to~~ Acute Gastroenteritis | 12-12-39 |
| Due to | |
| Other conditions | |

(Include pregnancy within 8 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Carroll M St Clair MD
M. D. or other
Address Pine & Cedar St Date signed 12-23-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

## CERTIFICATE OF DEATH

11998

Reg. Dist. No. 116

**1. PLACE OF DEATH:**
County Cambridge Hospital
City or town Cambridge
(If ontside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge - Md. Hosp.
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) about 5 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Nr. Rhodesdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** Georgia Victoria Kelly

**3. (b) Social Security Number** None.

4. Sex: Female
5. Color or race: White
6. (a) ~~Single, married, widowed, or divorced~~: Married
6 (b) Name of husband ~~or wife~~: James Kelly
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): April 1 1854
8. AGE: Years 75 | Months 8 | Days 19 | If less than one day ____ hrs. ____ min.
9. Birthplace Md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business Housewife
FATHER 12. Name Dale Hurtt
13. Birthplace Md.
MOTHER 14. Maiden name Mary Lord
15. Birthplace Md.
16. Informant James Kelly
Address Rhodesdale
17. (Burial, cremation, or removal. Which?) Date thereof Dec. 24 (month) (day) (year)
Cemetery or crematory Brookmere
Location Md
18. Funeral director W. W. Willoughby
Address East New Market
19. 12-24 1939 John Meade Jr.
(Date rec'd by registrar) Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH Dec 20 1939 at 10 30 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 1939 to Dec 20 1939
and that I last saw h~~er~~ alive on Dec. 20 1939

Immediate cause of death: Cerebral apoplexy — DURATION: Dec 19 1939
Due to Hypertensive Cardio-Vascular renal disease
Due to —
Other conditions Senility
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of —
Where did injury occur? None (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury Injured at work?

23. SIGNATURE Wyle M. Faw M. D.
M. D. or other
Address Cambridge Md Date signed 12-24

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(131)

11999

## CERTIFICATE OF DEATH

Reg. Diat. No. 116

**1. PLACE OF DEATH:**

County Dorchester

City or town Christ Rock R. F. D. 1 Cambridge Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 75

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Christ Rock Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cambridge, R. F. D. #1

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Charles Franklin Kirk

**3. (b) Social Security Number** None.

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | colored | married |

6 (b) Name of husband or wife Margaret Kirk

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 1864

8. AGE: Years 75 | Months 6 | Days ? | If less than one day hrs. min.

9. Birthplace Christ Rock Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Elijah Waterhouse

13. Birthplace Anlock, Dorchester Co Md

MOTHER 14. Maiden name Elizabeth Kirk

15. Birthplace Christ Rock Md

16. Informant Margaret Kirk

Address Christ Rock R F D 1 Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 12 1939 (month) (day) (year)

Cemetery or crematory The Rock Cemetery

Location Near Cambridge Md

18. Funeral director A M St Clair

Address Cambridge Md

19. 12-12 1939 (Date rec'd by registrar) John Meade Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1939, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 10 1939, to Dec 9 1939, and that I last saw h— alive on December 9 1939.

| Immediate cause of death | DURATION |
|---|---|
| Auricular fibrillation | 10-10-39 |
| Uraemic Coma | 12-1-39 |
| Due to Myocardial Chr, | 1937 |
| Nephritis; Chronic | 1939 |
| Due to Duration - Eleven months | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair Md (M. D. or other)

Address Prin & Cedar Sts Date signed 12-12-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

## CERTIFICATE OF DEATH

12000

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 21 days

Stay in this community (yrs., or mos., or days) 21 days

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Salisbury Route #1 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

**3. (a) FULL NAME** Lawrence Baker McGrath

**3. (b) Social Security Number** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | married |

6 (b) Name of husband or wife Elizabeth Brown McGrath

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 1 1868

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | 7 | 13. | hrs. min. |

9. Birthplace Worcester County, Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Agriculture

FATHER 12. Name Hooper McGrath

13. Birthplace Maryland

MOTHER 14. Maiden name Ann Pusey

15. Birthplace Maryland

16. Informant Hospital Records

Address State Hospital, Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 15 39 (month) (day) (year)

Cemetery or crematory Union Church Cem.

Location Near Salisbury Md.

18. Funeral director Holloway & Co. Walter R. Holloway

Address Salisbury Maryland.

19. 12-13 1939 John Mace Jr. Registrar
(Date rec'd by registrar)

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 13 1939 at 5.00 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 22 1939 to Dec 13 1939 and that I last saw him alive on Dec 13 1939.

| Immediate cause of death | DURATION |
|---|---|
| Pulmonary Congestion | 16 days |
| Due to Arteriosclerosis and | 1936 |
| Chronic Myocarditis | 1936 |
| Due to Hemiplegia - Aphasia | 1936 |
| Other conditions Chronic Nephritis | 1936 |

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Percy G. Howden M. D. or other

Address State Hospital, Cambridge Date signed Dec 13 1939.

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JAN 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

## CERTIFICATE OF DEATH

12001

Reg. Dist. No. 116

**1. PLACE OF DEATH:**
County Dorchester
City or town Robbins Me
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 3 Mo 17 Dy

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Robbins Me Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

**3. (a) FULL NAME** James Leonard Mills

**3. (b) Social Security Number** —

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Infant —
6 (b) Name of husband or wife: Infant —
6 (c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): 9 - 3 - 1939
8. AGE: Years — Months: 3 — Days: 17 — If less than one day: — hrs. — min.
9. Birthplace: Robbins, Me —
(Town, county, and state)
10. Usual occupation: None
11. Industry or business: —
FATHER 12. Name: Ollie Mills
13. Birthplace: Me
MOTHER 14. Maiden name: Rose Abbott
15. Birthplace: Me
16. Informant: Ollie Mills
Address: Robbins, Me
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/21/39 (month) (day) (year)
Cemetery or crematory: Sandy Island
Location: Robbins Me
18. Funeral director: G S LeCompte
Address: Cambridge Me.
19. 12-21 1939 (Date rec'd by registrar) John Mears Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 20 1939 at 7:25 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15th 1939 to Dec. 18th 1939, and that I last saw him alive on Dec. 18th 1939.

| Immediate cause of death | DURATION |
|---|---|
| Premature Birth | |
| Due to | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE D. L. Clymer M. D. or other
Address Bishops Head Date signed Dec 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (108)

12002

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) Four days

Stay in this community (yrs., or mos., or days) 39 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Post Office Garage

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME J. Frazier North

3. (b) Social Security Number none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Divorce (in progress)

6 (b) Name of husband or wife Ethel Householder

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) August 18 1900

8. AGE: Years 39 Months 4 Days 2 If less than one day hrs. min.

9. Birthplace Dorchester County, Maryland (Town, county, and state)

10. Usual occupation Automobile Salesman

11. Industry or business Automotive

FATHER 12. Name Thomas James North

13. Birthplace Dorchester County, Maryland

MOTHER 14. Maiden name Mamie Spedden

15. Birthplace Dorchester County, Maryland

16. Informant Hospital Records, State Hospital

Address Cambridge, Maryland.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/23/39 (month) (day) (year)

Cemetery or ~~cremetory~~ Greenlawn

Location Cambridge Md

16. Funeral director G. S. Le Compte

Address Cambridge Md.

19. 12-22 1939 John Mace Jr.

(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 20 1939, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; ~~that~~ I attended deceased from Dec 17 1939, to Dec 20 1939, and that I last saw him alive on Dec 20 1939.

Immediate cause of death Pneumonia, Lobar

Due to Pneumococcus Type 14 Anuria

Due to Acute Glomerular Nephritis

Other conditions Acute Alcoholic Delirium

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

Dec 14 1939

Dec 14

Dec 14 1939.

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Percy G. Hamlin M. D. ~~or other~~

Address State Hospital, Cambridge Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

# CERTIFICATE OF DEATH

12003

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Cambridge Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural Rt #1

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rural Rt. # 3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Ida Theresa Petura.

**3. (b) Social Security Number:** none

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married. |

6 (b) Name of husband or wife: George Petura.

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Sept 22, 1901

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 38 | 2 | 28 | ____ hrs. ____ min. |

9. Birthplace: Cambridge Md. (Town, county, and state)

10. Usual occupation: Housewife.

11. Industry or business:

FATHER — 12. Name: Ferdinand Meyer

13. Birthplace: Hanover Germany.

MOTHER — 14. Maiden name: Clara Hagel

15. Birthplace: Illinois

16. Informant: Mr. George Petura.

Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 22, 1939 (month) (day) (year)

Cemetery or crematory: Greenlawn Cemetery.

Location: Cambridge Md.

18. Funeral director: Frank E. Altemus

Address: Cambridge Md

19. 12-22 (Date rec'd by registrar) 19 39 John Macel Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 20 1939, at 9:15 PM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 5, 1939, to Dec 20 1939, and that I last saw h[illegible] alive on Dec 20 1939.

| Immediate cause of death | DURATION |
|---|---|
| Myocardial degeneration | |
| arterio sclerosis | |
| Due to congenital — | |
| Due to | |
| Other conditions Hemiplegia | 2 yrs |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None.

Of autopsy:

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of:

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: John D Schneider M.D.

M. D. or other

Address: Cambridge, Md. Date signed: Dec 21, 1939.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131)

# CERTIFICATE OF DEATH

12004

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County Dorchester (WITHIN CORPORATE LIMITS OF)
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Muse
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 47

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Muse -
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

**3. (a) FULL NAME** Mary Elmer Richardson

**3. (b) Social Security Number** 740

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Widowed |

6 (b) Name of husband or wife Hebster Richardson
Dead 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 10 - 4 - 1856

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 83 | 2 | 8 | hrs. min. |

9. Birthplace Caroline Co Md
(Town, county, and state)
10. Usual occupation Home Maker
11. Industry or business Home
FATHER 12. Name Wm M. Davis
13. Birthplace Md
MOTHER 14. Maiden name Sarah Cheezum
15. Birthplace Md
16. Informant Mrs Elsie Bowman
Address Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 14, 1939 (month) (day) (year)
Cemetery or crematory Cambridge
Location Cambridge Md
18. Funeral director G S Le Compte
Address Cambridge Md.

19. 12-14-39 (Date rec'd by registrar) John Meade Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 12th (12) 1939, at 640 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 29 1938, to Dec 12 1939, and that I last saw h-- alive on Dec 6 1939.

| | OURATION |
|---|---|
| Immediate cause of death Uraemia | 8 days |
| Due to Chronic hypertension | |
| Cardio vascular renal disease | |
| Due to | |
| Other conditions Senility | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy None

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Wylie M Laws M.D
M. D. or other
Address Cambridge Md Date signed 12-18-39

RECEIVED
JAN 4 1940
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12005

131

**1. PLACE OF DEATH**

County: Dorchester — Registration Dist. No. 116

Village or City: Cambridge — No. Eastern Shore State St., Hosp. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 28 ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

**2. FULL NAME** Milton Roe — If U. S. Veteran, specify WAR ____

(a) Residence: No. Greensboro St., ____ Ward. Maryland

(Usual place of abode) — If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Thelda Clarke

6. DATE OF BIRTH (month, day, and year): Aug 9. 1857

7. AGE: Years 82 | Months 3 | Days 25 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: ____

10. Date deceased last worked at this occupation (month and year): 1926

11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (city or town) (State or country): Greensboro, Maryland

FATHER

13. NAME: Unknown

14. BIRTHPLACE (city or town) (State or country): Greensboro, Maryland

MOTHER

15. MAIDEN NAME: Boone

16. BIRTHPLACE (city or town) (State or country): Greensboro, Maryland

17. INFORMANT (Address): Hospital Records, Cambridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place: Greensboro Md. Date: 12/8, 1939

19. UNDERTAKER (Address): Raymond B. Rawlings, Greensboro Md.

20. FILED: 12-5, 1939 John Mace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** Dec. (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to Dec 5, 1939

I last saw him alive on Dec. 4, 1939; death is said to have occurred on the date stated above, at 6.18 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Chronic Myocarditis 8 | |
| Myocardial Degeneration | Unknown |
| Arteriosclerosis | " |
| Chronic Nephritis | " |
| Other Contributory Causes of importance: | |
| Left-sided Hemiplegia | 1926 |
| Cerebral Arteriosclerosis | |

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19__

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

RECEIVED JAN 4 1928 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73)

12006

## CERTIFICATE OF DEATH

Reg. Dist. No. 111

**1. PLACE OF DEATH:**
County: Dorchester
City or town: Vienna ( rural near)
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 9 years

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Dorshester
City or town: Vienna ( rural near) Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Road Vienna to Rhodesdale
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Amos Satchel

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| male | blk. | widowed |

6 (b) Name of husband or wife: Laura Hampton
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Aug. 20, 1854

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 85 | 4 | 6 | hrs. min. |

9. Birthplace: Virginia
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business: Farm

FATHER
12. Name: Thomas Satchel
13. Birthplace: Va.

MOTHER
14. Maiden name: Comfort
15. Birthplace: Va.

16. Informant: Welfare Board Records
Address: Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28-1939 (month) (day) (year)
Cemetery or crematory: East New Market
Location:
18. Funeral director: H. H. Willoughby
Address: E. N. Mkt

19. Dec 27 1939 (Date rec'd by registrar) H. E. Parker Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24 1939, at 12 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X 19__, to X 19__,
and that I last saw h X alive on X 19__

| Immediate cause of death | DURATION |
|---|---|
| found dead in bed, | |
| from history obtainable cause | |
| was Chronic Myocarditis | 3 yrs |
| Due to | |
| Due to | |
| Other conditions: X | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations: X
Of autopsy: X

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: X Date of
Where did injury occur? X (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): X
Means of injury: X Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other
Address: Cambridge, Md. Date signed: Dec 26

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

12007

# CERTIFICATE OF DEATH

Reg. Dist. No. 116

**1. PLACE OF DEATH:**

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) One month + two days

Stay in this community (yrs., or mos., or days) " " " "

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Preston Caroline

City or town Preston Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Joseph A. Sauter

**3. (b) Social Security Number** none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Anna Kleinwachter

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): April 9 1856

**8. AGE:** Years 83 Months 8 Days 13 If less than one day ____ hrs. ____ min.

9. Birthplace: Wurtemberg, Germany (Town, county, and state)

10. Usual occupation: Furrier

11. Industry or business: Fur garment industry

FATHER 12. Name: Johannes Sauter

13. Birthplace: Germany

MOTHER 14. Maiden name: Johanna Habiorenter

15. Birthplace: Germany

16. Informant: Hospital Records

Address: State Hospital, Cambridge

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/26/39 (month) (day) (year)

Cemetery or crematory: Greensboro Md.

Location: Greensboro Md.

18. Funeral director: R. B. Rawlings

Address: Greensboro Md.

19. 12-23 1939 (Date rec'd by registrar) John Mace Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 22 1939, at 8:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 20 1939, to Dec 22 1939, and that I last saw him alive on Dec 22 1939.

| Immediate cause of death | DURATION |
|---|---|
| Chronic Myocarditis | 1935 |
| Due to Arteriosclerosis (Generalized) | 1935 |
| Due to | |
| Other conditions Cerebral Arterio-sclerosis - Senile Psychosis | 1935 |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Percy G. Hamlin M. D. ~~or other~~

Address Eastern Shore State Hospital Cambridge, Md. Date signed Dec 22 1939

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1940
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

(59)

12008

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Cambridge Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md. Hospital

Stay in hospital or Inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Marie Louise Spicer

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6.(a) Single, married, widowed, or divorced |
|---|---|---|
| Female | White | Married |

6 (b) Name of husband or wife: James R. Spicer

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 5, 1889

8. AGE: Years: 50 | Months: 0 | Days: 26 | If less than one day: hrs. min.

9. Birthplace: Cambridge Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: Harry P. Shyrock

13. Birthplace: Maryland.

MOTHER — 14. Maiden name: Sarah Benton

15. Birthplace: Maryland.

16. Informant: J. Rutland Smith

Address: Cambridge, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2, 1940 (month) (day) (year)

Cemetery or crematory: Episcopal

Location: Cambridge, Md.

18. Funeral director: Frank E. Albaugh

Address: Cambridge, Md

19. 12-31 (Date rec'd by registrar) 1939 John Meace Jr. Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 31 1939, at 7:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 28 1939, to Dec 31 1939, and that I last saw h[illegible] alive on Dec 30 1939.

| Immediate cause of death | DURATION |
|---|---|
| Coronary Thrombosis | 4 mos. |
| Due to Arterio Sclerosis | 1 yr. |
| Due to | |
| Other conditions Diabetes Mellitus | 5 yrs. |

(Include pregnancy within 3 months of death)

Major findings:

Of operations: X

Of autopsy: X

**PHYSICIAN**

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Jos. K. Shreve, M.D.
M. D. or other

Address: Cambridge Date signed Jan 2/40

RECEIVED
JAN 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45 F)

12009

# CERTIFICATE OF DEATH

Reg. Dist. No. 111

**1. PLACE OF DEATH:**

County Dorchester

City or town Hurlock RD.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days) ✓

Stay in this community (yrs., or mos., or days) ✓ Life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock - Rural Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME** Annie Stewart

**3. (b) Social Security Number** None

4. Sex f

5. Color or race C

6. (a) ~~Single~~, married, widowed, or divorced M

8 (b) Name of husband or wife John W Stewart

6(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) 1863

**8. AGE:** Years 76 | Months — | Days — | If less than one day ✓ hrs. min.

9. Birthplace Dorchester Co Md (Town, county, and state)

10. Usual occupation Housework

11. Industry or business none

FATHER 12. Name Harry Cornish

13. Birthplace Dorchester Co. Md.

MOTHER 14. Maiden name Millie Matthews

15. Birthplace Dorchester Co Md

16. Informant John W Stewart

Address Hurlock RD.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/12/39 (month) (day) (year)

Cemetery or crematory Jonestown

Location Preston Md

18. Funeral director J. J. Trampton & son

Address Federalsburg Md

19. Dec 12 1939 (Date rec'd by registrar) H E Parker Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH December 9 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/1 1939, to 12/9 1939, and that I last saw her alive on 12/6/39 1939.

Immediate cause of death suffocation & carcinoma of throat

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE G Roger Myers M. D. or other

Address Hurlock Md Date signed 12/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 18 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (948)

12010

## CERTIFICATE OF DEATH

Reg. Dist. No. 115

**1. PLACE OF DEATH:**

County: Dorchester

City or town: Fishing Creek Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days): none

Stay in this community (yrs., or mos., or days): life

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Fishing Creek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War

3. (a) FULL NAME: Robert Roland Travers

3. (b) Social Security Number: none —

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

8 (b) Name of husband or wife: Gladys Aaron

6(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): April 10, 1895

8. AGE: Years 44 | Months 8 | Days 22 | If less than one day ___ hrs. ___ min.

9. Birthplace: Fishing Creek, Md (Town, county, and state)

10. Usual occupation: Boat Builder

11. Industry or business: Boat Builder

FATHER

12. Name: Charles M. Travers

13. Birthplace: Fishing Creek, Md

MOTHER

14. Maiden name: Mary A. Lewis

15. Birthplace: Fishing Creek, Md

18. Informant: Mrs Robert Travers

Address: Fishing Creek, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 3 1940 (month) (day) (year)

Cemetery or crematory: Dorchester Memorial Park

Location: Cambridge, Md

18. Funeral director: Frank E. Albaugh

Address: Cambridge Md

19. Dec. 31 1939 (Date rec'd by registrar) James D. Meade LOCAL Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 31, 1939 19 ___, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 31 1939, to Dec 31 1939, and that I last saw him alive on Dec 31 1939.

| Immediate cause of death | DURATION |
|---|---|
| Coronary Heart Disease | |
| Due to Coronary Occlusion | 1 week |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: James D. Meade M.D. M.D. or other

Address: Fishing Creek Md Date signed: Dec 31/39

RECEIVED
JAN 6 1966
BUREAU V. S.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12011

(131)

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 111

Village or City East New Market ND St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Alberta.

**2. FULL NAME** Alberta Webster If U. S. Veteran, specify WAR

(a) Residence: No. Same St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widow |

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Frank Webster.

6. DATE OF BIRTH (month, day, and year) April 25 1869

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 70 | 8 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Theophilus A. Mobray

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Angeline Williams

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Lwilley Murrish (Address) East New Market

18. BURIAL, CREMATION, OR REMOVAL Place Hurlock Date Jan 3, 1939

19. UNDERTAKER H. H. Willoughby (Address) East New Market

20. FILED Jan 3, 1940 H. E. Parker Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** December 31, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY. That I attended deceased from Sept 28, 1937, to December 31, 1939

I last saw h[e] alive on Dec 31, 1939; death is said to have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Valvular heart disease with decompensation and generalized anasarca | 1936 |

Other Contributory Causes of Importance:

Senility

Chronic diffuse nephritis

Name of operation none Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of injury, 19

Where did injury occur? none (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wyllie M Daw M. D.

(Address) Cambridge Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12012

# STATE OF MARYLAND—CERTIFICATE OF DEATH

82-a

**1. PLACE OF DEATH**

County Dorchester Registration Dist. No. 116

Village or City Andrew No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

**2. FULL NAME** Andrew Horatio Willey

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Husband

6. DATE OF BIRTH (month, day, and year): Nov. 24, 1859

7. AGE: Years 80 | Months — | Days 22 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year): Farmer

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Md.

FATHER

13. NAME

14. BIRTHPLACE (city or town) (State or country): Andrew

MOTHER

15. MAIDEN NAME: Mary Ann Insley

16. BIRTHPLACE (city or town) (State or country): Md.

17. INFORMANT (Address): Julian H. Willey

18. BURIAL, CREMATION, OR REMOVAL

Place: Andrew Md. Date: 12/18, 1939

19. UNDERTAKER (Address): G. S. LaCompte, Cambridge, Md.

20. FILED 12-18, 1939 John Mace Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH** December (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 16th 1939, to Dec. 16th, 1939

I last saw him alive on Dec. 16th, 1939; death is said to have occurred on the date stated above, at 11 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Pyralysis

Date of onset

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) F. L. Clymer M. D.

(Address) Bishop Head

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

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**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12013

## CERTIFICATE OF DEATH

Reg. Dist. No. 119

**1. PLACE OF DEATH:**
County: Dorchester
City or town: Wingate, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 50 yrs.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Dorchester
City or town: Wingate, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

**3. (a) FULL NAME:** Cora Johnson Wingate

**3. (b) Social Security Number:**

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Levin B. Wingate
6(c) If alive, give age: 59 years
7. Birth date of deceased (mo., day, yr.)
8. AGE: Years: 55 Months: Days: If less than one day: hrs. min.
9. Birthplace: Bishops Head, Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business
FATHER 12. Name: Wm. A. Johnson
13. Birthplace: Dor. Co.
MOTHER 14. Maiden name: Mary F. Robinson
15. Birthplace: Dor. Co.
16. Informant: Levin B. Wingate
Address: Wingate, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 14-1939 (month) (day) (year)
Cemetery or crematory: Wingate, Md.
Location: Wingate, Md.
18. Funeral director: Kenneth R. Thomas.
Address: Cambridge, Md.
19. Dec. 18 1939 (Date rec'd by registrar) Wilson D. Pritchett Local Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Dec 17 1939, at 8:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 15 1939, to Dec. 17 1939, and that I last saw h alive on 19

| Immediate cause of death | DURATION |
|---|---|
| Pyrexia | |
| Due to Primary Cause: Cerebral Hemorrhage. | |
| Duration: Twelve hours approx. | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: E. L. Clymer M. D. or other
Address: Bishop Head Date signed: Dec 18 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82-a)

12014

## CERTIFICATE OF DEATH

Reg. Dist. No. 119

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

**1. PLACE OF DEATH:**
County: Dorchester
City or town: Wingate, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
(For newborn infants give residence of mother)
State: Maryland County: Dor.
City or town: Wingate, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

**3. (a) FULL NAME:** Merritt Wingate

**3. (b) Social Security Number:**

| 4. Sex | 5. Color or race | 6. (a) Single, married, widowed, or divorced |
|---|---|---|
| Male | White | Single |

6 (b) Name of husband or wife:
6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): unknown

| 8. AGE: Tears | Months | Days | If less than one day |
|---|---|---|---|
| 38 | | | hrs. min. |

9. Birthplace: Lakesville, Md.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business:

| | |
|---|---|
| FATHER 12. Name | Lesgin B. Wingate |
| FATHER 13. Birthplace | Lakesville, Md. |
| MOTHER 14. Maiden name | Cora Johnson. |
| MOTHER 15. Birthplace | Lakesville, Md. |

16. Informant: Lesgin B. Wingate
Address: Wingate, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 28-1939 (month) (day) (year)
Cemetery or crematory: Wingate, Md.
Location: Wingate, Md.
18. Funeral director: Kenneth R. Thomas.
Address: Cambridge, Md.
19. Dec. 27 1939 (Date rec'd by registrar) Wilson D. Pritchett Registrar

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Dec 26 1939, at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 15 1939, to Dec. 25 1939, and that I last saw him alive on Dec 25 1939.

| | DURATION |
|---|---|
| Immediate cause of death: Bronchopneumonia | |
| Due to: Primary Cause: Cerebral hemorrhage. | |
| Duration: Twenty-four hours. Autopsy | |
| Due to | |
| Other conditions | |

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

**PHYSICIAN**
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: injured at work?

23. SIGNATURE: F. L. Thomas M. D. or other
Address: Bishop Road, Date signed: Dec

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

12015

**1. PLACE OF DEATH**

County Dorchester (52) Registration Dist. No. 111

Village or City East New Market No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

**2. FULL NAME** Olivia Young If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colord

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Steven Young

6. DATE OF BIRTH (month, day, and year): Dec 5, 1868

7. AGE: Years 70; Months —; Days —; If LESS than 1 day, hrs. or min.

other reliable sources report she was 96 years old

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): 1936

11. Total time (years) spent in this occupation: 68

12. BIRTHPLACE (city or town) (State or country): East New Market Md.

FATHER

13. NAME: Isaac Banks

14. BIRTHPLACE (city or town) (State or country): East New Market Md.

MOTHER

15. MAIDEN NAME: Amie Dackins

16. BIRTHPLACE (city or town) (State or country): E. N. Market Md

17. INFORMANT (Address): Isaac Young E. N. Mkt

18. BURIAL, CREMATION, OR REMOVAL

Place: E. N. Market Date: Dec 11, 1939

19. UNDERTAKER (Address): H. H. Willoughby E. N. Market, Md.

20. FILED: Dec 11, 1939. H. E. Parker Registrar.

## MEDICAL CERTIFICATE OF DEATH

**21. DATE OF DEATH**: Dec (Month) 8 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from at times for 6 months, 19 to , 19

I last saw her alive on July 20, 1939, death is said to have occurred on the date stated above, at 10 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cancer of abdomen, Primary "rose cancer" epithelioma, in iliac region, just below last floating rib. Duration: four or five years. C.W.R.

Date of onset

Other Contributory Causes of importance: —

Name of operation: none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: no injury

Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) L. C. Frazier M. D.

(Address) Hurlock, Md.

*If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.*

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Arteriosclerosis* | *1915* |
| *Chronic interstitial nephritis* | *1921* |
| *Cerebral hemorrhage* | *July 5, 1927* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gallstones* | *May 1, 1923* |
| | |
| | |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|---|---|
| *Attack of epilepsy* | *1 week ago* |
| *Run over by street car* | *1 week ago* |
| *Peritonitis* | *3 days ago* |
| | |
| | |
| Other contributory causes of importance: | |
| *Gastroenteritis* | *1 year* |
| | |
| | |

JAN 18 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN